

RECEIVED
IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA
2005 NOV -2 A 10-00
DIVISION

Robert Michael THAMES

Plaintiff(s)

v.

GENEVA County Jail
DR. O.D. MITCHUM

Defendant(s)

1:05CV1060-F

MOTION TO PROCEED IN FORMA PAUPERIS

Plaintiff(s) Robert Michael THAMES

moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached sworn affidavit in support of the motion.

Robert M Thames

Plaintiff(s) signature

UNITED STATES DISTRICT COURT

District of

2005 NOV -2 A 10: 00

Plaintiff

V.

DEBR
U.S.
MID:APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

Defendant

I, Robert Michael Thames declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration GENEVIA COUNTY JAIL, GENEVA, ALA

Are you employed at the institution? NO Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

1996 - \$1600.00 weekly SALARY - TRANSPORTATION SAFETY CONTRACTORS
TAMPA, FLA.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NONE

I declare under penalty of perjury that the above information is true and correct.

10-31-05
Date

Robert Michael Adams
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

ACCOUNT NO.

SHEET NO.

RATING

CREDIT LIMIT

NAME James, Michael

ADDRESS

TERMS

NO. D WHITE GR. D GREEN

DATE	ITEMS	FOLIO	DEBITS	CREDITS	BALANCE
339432	Deposited to Acad (Cash)		39.00	40.00	40.00
209	Shore order 9/19/05			50.00	50.00
339441	Deposited to Acad (Cash)		39.05	100.00	111.15
279	Shore order 9/22/05		27.00		90.75
339449	Deposited to Acad (Cash)		37.00		53.75
279	Shore order 9/26/05		14.00		39.75
309	Shore order 9/29/05		20.10		17.65
410	Shore order 10-3-05		26.70	100.00	117.65
710	Shore order 10-9-05		23.60		90.95
1010	Deposited to Acad (Cash)		25.15		67.35
1110	Shore order 10-10-05		20.10		47.25
1410	Shore order 10-13-05		20.10		27.10
1810	Shore order 10-17-05		22.50	100.00	102.10
2110	Shore order 10-22-05		18.95		81.15
339436	Deposited to Acad (Cash)				
279	Shore order 10-24-05				
2810	Shore order 10-27-05				

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2005 NOV -2 A.D.

^u This does not include 20.00

CO PAY

Certified by Geneva County Jail
10-31-05

Ed Moore
MAM/ Love
Gen/ Administration